24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
National Nurses United for Patient Protection				
	C C00490375			
Check if 24-hour report 48-hour report New report Amends	report filed on			
Full Name of Payee	Date of Public Distribution/Dissemination			
UPTE UCLA	05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1015 Gayley Ave	Amount			
Suite 301				
City State Zip Code	150.00			
Los Angeles CA 91506	Transaction ID : D734946 Date of Disbursement or Obligation			
Purpose of Expenditure Site Rental Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Suppo	rt Office Sought: House District: 00			
Bernie Sanders Oppos	e President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
Campaign Workshop	05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1129 20th Street, Suite 200				
	Amount			
City State Zip Code	21747.32			
Washington DC 20036	Transaction ID: D742580 Date of Disbursement or Obligation			
Purpose of Expenditure Category/	M - M / D - D / Y - Y - Y			
Printing Type	05 31 2016			
Name of Federal Candidate Suppo	rt Office Sought: House District: 00			
Bernie Sanders Oppos	se Nesident Senate State: DC			
Calendar Year-To-Date	Disbursement For: X Primary General			
Per Election for Office Sought	2016 Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 21897.32			
(b) SUBTOTAL of Unitemized Independent Expenditures	······)			
(c) TOTAL Independent Expenditures				
	4 4 4			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Martha Kuhl	M = M / D = D / Y = Y = Y			
	Date 05 31 2016			
-				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	WI EXI END	HONES		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Nurses United for Patient P	rotoction			FEC IDENTIFICATION NUMBER ▼
National Nuises Office for Patient P	rotection			C C00490375
Check if 24-hour report 48-hour report	New rep	oort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee National Nurses United				of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue			Amou	
City	State	Zip Code		100.00
Oakland	CA	94612		action ID : D742584 of Disbursement or Obligation
Purpose of Expenditure Online Ad		Category/ Type		05 31 2016
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Bernie Sanders		Oppose	X Preside	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 7	1171.75	Disbursemen 2016 O	t For:
Full Name of Payee National Nurses United				of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue			Amou	
City	State	Zip Code	— I.	148.50
Oakland	CA	94612		oction ID: D742586 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		05 / 31 / 2016
Name of Federal Candidate		X Support	Office Sough	nt: House District:00
Bernie Sanders		Oppose	X Presid	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	1171.75	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		[248.50
(b) SUBTOTAL of Unitemized Independent Expend	ditures			
(c) TOTAL Independent Expenditures			· .	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Martha Kuhl Signature	[Electron	nically Filed] Date	05	31 2016
				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	Potiont Protection			FEC IDENTIFICATION NUMBER ▼
National Nurses United for	rauent Protection			C C00490375
Check if 24-hour report 48-h	our report New report	ort Amends repo		*M / D = D / Y = Y = Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
National Nurses United				05 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue			Amour	nt
City	State	Zip Code		283.50
Oakland	CA	94612		action ID : D742587 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	М	05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought	: House District: 00
Bernie Sanders		Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought		1171.75	Disbursement	
	7		Ot	ther (specify)
Full Name of Payee National Nurses United			М	of Public Distribution/Dissemination
Mailing Address 155 Grand Avenu	ue		Amour	05 27 2016 nt
City	State	Zip Code		236.25
Oakland	CA	94612		ction ID: D742588 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	M	05 31 2016
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Bernie Sanders		Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought		1171.75	Disbursement 2016 Ot	t For:
(a) SUBTOTAL of Itemized Independent	lent Expenditures		•	519.75
(b) SUBTOTAL of Unitemized Independent	endent Expenditures			
(c) TOTAL Independent Expenditures	S		•	7
Under penalty of perjury I certify tha with, or at the request or suggestion party committee) any political party c	of, any candidate or authorized			
Martha Kuhl	[Electron:	ically Filed] Date	M M /	31 2016
Signature			التنا	
			,	

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	II EXI END	ITOTILO		PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Nurses United for Patient Pre	otootion			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Pr	otection			C C00490375
Check if 24-hour report 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee National Nurses United				of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue			Amou	05 28 2016 nt
City	State	Zip Code		13.50
Oakland	CA	94612		action ID : D742589 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		05 31 / 2016
Name of Federal Candidate		Support	Office Sough	t: House District:00
Bernie Sanders		Oppose	X Preside	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	1171.75	Disbursemen 2016 O	t For:
Full Name of Payee National Nurses United	-			of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue			Amou	
City	State	Zip Code		240.00
Oakland	CA	94612		oction ID: D742590 of Disbursement or Obligation
Purpose of Expenditure Site Rental		Category/ Type		05 / 31 / 2016
Name of Federal Candidate		X Support	Office Sough	nt: House District: 00
Bernie Sanders		Oppose	X Presid	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	, , ,	1171.75	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	es			253.50
(b) SUBTOTAL of Unitemized Independent Expendi	tures			
(c) TOTAL Independent Expenditures			•	22919.07
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Martha Kuhl	[Electron	ically Filed] Date	, M M /	31 2016
Signature				